

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">100 58064</div>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1				51					
2							52					
3	2		2				53					
4	2		2				54					
5	2		2				55					
6	2		2				56					
7	1		1				57					
8	1		1				58					
9							59					
10	2		2				60					
11	1		1				61					
12	2		2				62					
13	2		2				63					
14	2		2				64					
15	2		2				65					
16	2		2				66					
17	2		2				67					
18	2		2				68					
19	2		2				69					
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46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	54		4				TOTAL IND.					
TOTAL DEP.	137		32				TOTAL DEP.					
TOTAL CLAIMS	96		36				TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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